

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046663

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137Primary Registration District No. 3023Registrar's No. 322

STATE FILE NUMBER

FILED JAN 8 1963

1. PLACE OF DEATH

a. COUNTY

Henryb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWNClinton

Length of stay in 1b

1 dayc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTIONWetzel HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

Johnsonc. CITY
OR
TOWNChilhoweeInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

George

Middle

Martin

Last

Copeland4. DATE
OF
DEATH

Month

Day

Year

December 31, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/22/1897

9. AGE (last birthday)

65

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carnival owner

10b. KIND OF BUSINESS OR INDUSTRY

Carnival

11. BIRTHPLACE (City and state or country)

Hickman Mills, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Copeland

13b. MOTHER'S MAIDEN NAME

Florence Johnson

14. NAME OF HUSBAND OR WIFE

Mildred Rees Copeland

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

yes

(If yes, give year or dates of service)

World War I

17. INFORMANT

Mildred Copeland, Chilhowee, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral vascular accidentINTERVAL BETWEEN
ONSET AND DEATH3 hrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Arterial & chronic hypertensive disease3 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease-condition given in PART I (a)diabetes mellitusPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-4-62to deathand last saw him alive on 12-31-62Death occurred at 7-4-62

u on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Wetzel, D.O.

(Degree or title)

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

1-1-6323a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

1/2/63

23c. NAME OF CEMETERY OR CREMATORY

Lees Summit

23d. LOCATION (City, town, or county)

Lees Summit, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Cook Funeral Home, Chilhowee, Mo.

25. DATE RECD. BY LOCAL REG.

Jan 2, 1963

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/5904252051034 05 167 08 09331X101112 2-213 1-0

JAN 10 1963
JAN 28 1963
FEB 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Jacobs*

Licensed Embalmer No. 4335

P. O. Address Chilhowee, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit Granted
1/2/63
M.B.